

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>Jim</i>	<i>75331</i>	
O.I.P.E. CLASSIFIER		<i>12</i>	<i>3/15</i>
FORMALITY REVIEW	<i>J.S.</i>	<i>69134</i>	<i>5-12-00</i>
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Date
Final	
Original	
1	03/11
2	✓
3	✓
4	✓
5	✓
6	✓
7	✓
8	✓
9	✓
10	✓
11	✓
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39	✓
40	✓
41	✓
42	✓
43	✓
44	✓
45	✓
46	✓
47	✓
48	✓
49	✓
50	✓

Claim	Date
Final	
Original	
51	03/11
52	✓
53	✓
54	✓
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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